## 2020-2021 United States Senate Youth Program Georgia Department of Education Student Nomination Form (NOHS- School Level Application)

DIRECTIONS: This application must be completed

			SCHOO	L INFORM	ATI	ON					
Name of School System or Private School			School Attending						School Phone		
									( ) -		
School Address (Street/Route/Post Office Box)			City	City		unty	Zip		Congressional District		
APPLICANT INFORMATION											
Student's First Name		Student's Middle Name				Student's La	st Name				
Preferred Name		Email					Permanent Resident of US?				
									□ Yes □ No		
Legal Residency						City		Stat	e	Zip	
Cell Phone	one Birth Date (MM/DD/YY)			Age Grade Ge			lender		U.S. Citizen or Legal Resident		
( ) -											
PARENT/GUARDIAN INFORMATION											
Parent/Legal Guardian 1 Full Name (With Title: i.e., Mr., Ms., Dr., Rev., etc.)									Home Phone		
						( ) -					
Home Address (Street/Route/Post Office Bo			(Write SAME if same address)				City		State	Zip	
Business Phone	ss Phone Cellular Phone Email										
( ) -	( ) -										
Parent/ Legal Guardian 2 Full Name (With Title: i.e., Mr., Ms., Dr., Rev., etc.)							Home Phone				
									( ) -		
Home Address (Street/Route/Post Office Box) (Write SAME if same address)						City			State	Zip	
Business Phone	Cellular Phone	Ema	Email								
( ) -	( ) -										
		If set	If senior, will the student graduate in spring 2021?								

Mark the ELECTED (by student body) office you <u>now hold</u> in one of the following student government, civic, or educational						
organizations. <u>ONLY THE OFFICES LISTED BELOW WILL BE CONSIDERED.</u>						
Student Body President	□ Class President					
□ Student Body Vice President	□ Class Vice President					
□ Student Body Secretary	□ Class Secretary					
□ Student Body Treasurer	Class Treasurer					
□ Student Council Representative						
□ Student representative elected or appointed (appointed by a panel, commission, or board) to a district, regional, or state-level civic						
and/or educational organization approved by the state selection administrator. School level clubs do not qualify. Please describe:						
Why did you run for office; or, why were you elected to this office?						
Describe your personal attributes that qualify you to serve as a representative from Georgia at the United States Senate Youth Program.						
What is your rank in scholastic standing of your class?						
□ Upper 1% □ Upper 5 % □ Upper 10 % □ Upper 15% □ Upper 25 %						

In completing this section, please be reminded that this application must be completed on a computer. Handwritten responses will not be accepted. Please note that boxes will expand as you enter information. DO NOT ATTACH SEPARATE DOCUMENTS.

Describe your participation in the political process in your community and extracurricular activities, including Social Studies Fairs:

Describe your interest in government, governance, and the political process.

Have you participated in summer academic honors programs? When? What subject area? (i.e., Governor's Honors, Duke TIP, etc...):

State your short-term and long-range plans (i.e., college and career):

Write a short paragraph on why you qualify and have the background to be selected for the Senate Youth program:

o Must have served in an elected or appointed position representing a constituency during the Fall 2019 or Fall 2020 school year.

• Will be attending high school in Georgia through Spring 2021.

• The week of March 15, 2021, students will be required to completely block the timeframe of the program and attend all online events in order to serve as delegates and receive the scholarship.

• Must have proof of U.S. citizenship or legal permanent residence to participate in the U.S. Senate Youth Program.

• Student does not currently know that they have a scheduling conflict and understands that complete attendance at the Washington Week program is required to receive the scholarship.